

APPLICATION FOR EMERGENCY MAIL-IN BALLOT

1-8-115, C.R.S.

To the Designated Election Official of the _____ District:

I, _____, whose date of birth is _____,

am an eligible elector of the _____ District

in the County of _____, State of Colorado, and my residence address is: _____.

I desire to vote at the election to be held on Tuesday, May 6, 2008, and hereby apply to vote as an emergency mail-in voter.

I am applying for an emergency mail-in ballot because:

_____ I will be unable to attend the polls on Election Day due to confinement in a hospital or place of residence which occurred because of conditions arising after the last date to apply for a mail-in ballot.

OR

_____ I am unable to go to the polls on Election Day because of conditions arising after the last date to apply for mail-in ballots.

Please deliver an emergency mail-in voter ballot, for me, to the following authorized family member:

Printed name: _____

Address: _____

I hereby acknowledge receipt of the above ballot for delivery to the above named elector.

(This section is to be filled out by the authorized family member after he/she receives ballot.)

Printed name: _____

Signature: _____

Address: _____

VOTER SIGN HERE

DATE

IMPORTANT

This request must be made to the Designated Election Official no sooner than May 5th and no later than May 6th by 5:00 p.m. on Election Day. In order for your ballot to be counted the ballot must be in its completed, return envelope, and in the hands of the Designated Election Official, no later than 7:00 p.m. on Election Day.

Procedural Instructions: Be sure to confirm voter's eligibility against the poll book before giving their family member a ballot.